

Division of School & Community Nutrition Programs

Checklist of Materials for Food-Based SMI Nutritional Analysis

IMPORTANT: Please make copies of all materials as they may not be returned to you
Call your Field Consultant/School Nutrition Specialist with any questions at (800) 537-1142
Include this checklist with your SMI materials

School Name: _____ Agreement #: _____
Contact Person: _____
Phone: _____ Best time to call: _____
Email Address: _____

✓ **Menu Pattern** (please check one and include grade groupings)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Enhanced |
| Grade Groupings: | Grade Groupings: |
| <input type="checkbox"/> K-3 | <input type="checkbox"/> K-6 |
| <input type="checkbox"/> 4-12 | <input type="checkbox"/> 7-12 |
| <input type="checkbox"/> 7-12 optional | <input type="checkbox"/> K-3 optional |

✓ **Menus** (please include your menu with your SMI materials)

- ☐ Select a 5-day week previously served where you would like the lunch menu analyzed
☐ Include all choices on the menu and if changes or substitutions were made

✓ **Daily Production Records** (please use state production record provided to you by your Field Consultant)

Please include the following information on each production record:

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> Site name, meal date, and menu type (breakfast/lunch) | <input type="checkbox"/> Planned/projected number of portions | |
| <input type="checkbox"/> Indicate whether Offer vs. Serve | <input type="checkbox"/> Total amount of food prepared | |
| <input type="checkbox"/> All planned menu items, including condiments, milk, and desserts | <input type="checkbox"/> Leftovers | |
| <input type="checkbox"/> Form (i.e., canned, frozen, raw, cooked, etc.), pack size (size of can, amount used, etc.), and pack medium (light syrup, heavy syrup, own juices, etc.) | <input type="checkbox"/> Actual number of reimbursable meals served, as well as adult meals and a la carte items | |
| <input type="checkbox"/> Serving sizes for each age and grade group, including condiments | <input type="checkbox"/> Note if a recipe was used | |
| <input type="checkbox"/> Projected amount and types of milk taken (please indicate below) | <input type="checkbox"/> Projected amount of each condiment taken | |
| Skim White _____% | 1% Chocolate _____% | Other (please specify) _____% |
| Skim Chocolate _____% | 2% White _____% | _____% |
| 1% White _____% | 2% Chocolate _____% | _____% |

✓ **Recipes** (recipes should be included for any menu item that contains more than one ingredient)

- | | |
|--|---|
| <input type="checkbox"/> All ingredients | <input type="checkbox"/> Serving sizes |
| <input type="checkbox"/> Measures and amounts of each ingredient | <input type="checkbox"/> Yield made by recipe |
| <input type="checkbox"/> If using a USDA recipe, include recipe name and number and use of alternate or optional ingredients | |

✓ **Nutrition Fact Sheets, CN Labels, Product Labels**

- ☐ Include nutrition fact sheet or CN Label for each food item listed on your menu including condiments and milk
☐ Product labels are very helpful when conducting a nutrient analysis so please include them if possible

✓ **Other Documents for Consultant Review**

- ☐ Wellness Policy
☐ HACCP Plan (Food Safety)